SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant	:	Basceri et al.
App. No.	:	09/971,955
Filed	:	October 4, 2001
For	:	HAZE-FREE BST FILMS
Examiner	:	C. Nguyen
Group Art Unit	:	2811

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing nine (9) references that are also enclosed.

This Supplemental Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c)(2) before the mailing date of a final action and before the mailing of a Notice of Allowance. This Statement is accompanied by the fees set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: _12-23-03_
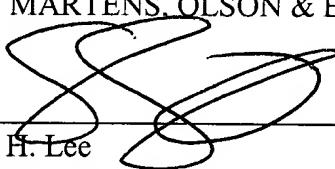
By: _____
Sabing H. Lee
Registration No. 43,745
Attorney of Record
Customer No. 20,995
(949) 760-0404

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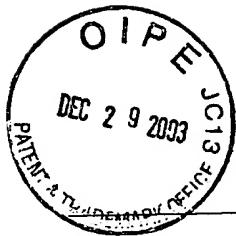
In re application of	:	Basceri et al.
App. No.	:	09/971,955
Filed	:	October 4, 2001
For	:	HAZE-FREE BST FILMS
Examiner	:	C. Nguyen
Art Unit	:	2811

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 23, 2003
(Date)

Sabing H. Lee, Reg. No. 43,745

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS FILED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	27	—	34	= 0 ×	$18	= $0
Independent Claims	3	—	4	= 0 ×	$86	= $0
If application has been amended to contain multiple dependent claim(s), then add					$290	= $0
Time Extension Fee						$0
Information Disclosure Statement Fee						$180
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		$180

(X)   Supplemental Information Disclosure Statement.

(X)   Return prepaid postcard.

(X)   A check in the amount of $180 is enclosed.

(X)   Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

(X)   Please use Customer No. 20,995 for the correspondence address.
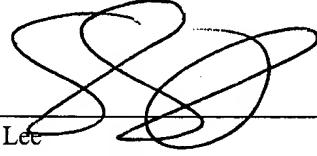
Sabing H. Lee
Registration No. 43,745
Attorney of Record
Customer No. 20,995
(949) 760-0404

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FORM PTO-1449 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO. MICRON.098DV1

ATTY. DOCKET NO. MICRON.098DV1	APPLICATION NO. 09/971,955

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(USE SEVERAL SHEETS IF NECESSARY)

APPLICANT Basceri et al.	
FILING DATE October 4, 2001	GROUP 2811

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
		5,185,689	02/09/93	Maniar			
		5,406,445	04/11/95	Fujii et al.			
		5,581,436	12/03/96	Summerfelt et al.			
		5,781,404	07/14/98	Summerfelt et al.			
		5,822,175	10/13/98	Azuma			
		6,238,966	05/29/01	Ueda et al.			
		6,277,436	08/21/01	Stauf et al.			
		6,319,764	11/20/01	Basceri et al.			
		6,339,527	01/15/02	Farooq et al.			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO

EXAMINER INITIAL		OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

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EXAMINER	DATE CONSIDERED

*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.